California State Board of Pharmacy
1625 N. Market Blvd, Suite N 219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMERS AFFAIRS AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR

Date: **May 20, 2013**

To: **Licensing Committee**

Subject: **Agenda Item #1 - Licensing Committee Meeting Dates for the Remainder of 2013**

Provided below are the committee dates for the remainder of the year. The location for these meetings has not been determined.

- September 24, 2013
- December 11, 2013

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DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR

Date: **May 20, 2013**

To: **Licensing Committee**

Subject: **Agenda Item #2 – Staff Recommendations for Regulation Changes to Require or Standardize the Reporting of Convictions and Discipline at the Time of Renewal for Pharmacists, Pharmacy Technicians and Designated Representatives**

Relevant Statutes and Regulations

Business and Professions Code Section 4036 provides the definition for "pharmacist" and specifies that the holder of an unexpired and active pharmacist license is entitled to practice pharmacy as defined in pharmacy law.

Business and Professions Code Section 4022.5 provides the definition of "designated representative" and Business and Professions Code Section 4038 provides the definition of a pharmacy technician.

California Code of Regulations Section 1702 details the fingerprint and criminal conviction requirements that are currently required as a condition of renewal for a pharmacist.

Background

As part of the Consumer Protection Enforcement Initiate in 2008/2009, the board undertook review and evaluation of several areas of its enforcement and licensing functions to identify areas where the board could improve its ability to ensure it received or had access to information necessary to make appropriate licensing decisions as well as ensure it received relevant information to initiate investigations and take appropriate action to better protect consumers.

As part of this effort the board sought new regulatory authority to require fingerprinting of pharmacists that had not previously submitted fingerprints to the Department of Justice in an electronic format. To augment this effort, the board also sought to require as a condition of renewal, that a pharmacist also self-report any convictions. These changes took effect in December 2010. At the time the board adopted the changes, they requested that similar provisions be implemented for pharmacy technicians and designated representatives.

Committee Action

During the April Licensing Committee meeting, the committee discussed a staff recommendation that would make changes to the existing pharmacist renewal as well as place

similar renewal requirements for the pharmacy technician and designative representative licenses. The proposed changes specific to the pharmacist renewal include:

- Disclosure of disciplinary action
- Removing reference to the implementation date
- Clarifying that disclosure of criminal conviction information and disciplinary action is for action taken since the last renewal of the license.

At the April Licensing Committee meeting, Chairperson Veale directed staff to determine the number of pharmacy technicians and designated representatives that require retro fingerprinting and to provide information relating to the costs associated.

Board staff estimates approximately 13,588 licensees will require Live Scans to be completed consisting of 13,305 pharmacy technicians and 283 designated representatives. The cost of the Live Scan to the licensee is approximately $51 plus rolling fees that vary based on the Live Scan location.

Based on the comments received during the committee and counsel, the language has been revised for consideration. For the committee's reference, following this memo is the revised draft regulation language to as well as an excerpt from the board meeting in October 2009.

Title 16. Board of Pharmacy
Proposed Language

To Amend Section 1702 of Article 5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1702. Pharmacist Renewal Requirements

(a) A pharmacist applicant for renewal who has not previously submitted fingerprints as a condition of licensure or for whom an electronic record of the licensee's fingerprints does not exist in the Department of Justice's criminal offender record identification database shall successfully complete a state and federal level criminal offender record information search conducted through the Department of Justice by the licensee's or registrant's renewal date ~~that occurs on or after December 7, 2010~~.

(1) A pharmacist shall retain for at least three years as evidence of having complied with subdivision (a) either a receipt showing that he or she has electronically transmitted his or her fingerprint images to the Department of Justice or, for those who did not use an electronic fingerprinting system, a receipt evidencing that his or her fingerprints were recorded and submitted to the Board.

(2) A pharmacist applicant for renewal shall pay the actual cost of compliance with subdivision (a).

(3) As a condition of petitioning the board for reinstatement of a revoked or surrendered license, or for restoration of a retired license, an applicant shall comply with subdivision (a).

(4) The board may waive the requirements of this section for licensees who are actively serving in the United States military. The board may not return a license to active status until the licensee has complied with subdivision (a).

(b) As a condition of renewal, a pharmacist applicant shall disclose on the renewal form whether he or she has been convicted, as defined in Section 490 of the Business and Professions Code, of any violation of the law in this or any other state, the United States, or other country, since his or her last renewal . ~~omitting t~~Traffic infractions under ~~$300~~ $500 not involving alcohol, dangerous drugs, or controlled substances do not need to be disclosed.

(c) As a condition of renewal, a pharmacist applicant shall disclose on the renewal form any disciplinary action against any license issued to the applicant by a government agency. For the purposes of this section, "disciplinary action" means an administrative action that resulted in a restriction or penalty being placed on the license, such as revocation, suspension, or probation.

(d) Failure to provide all of the information required by this section renders an application for renewal incomplete and the board shall not renew the license and shall issue the applicant an inactive pharmacist license. An inactive pharmacist license issued pursuant to this section may only be reactivated after compliance is confirmed for all licensure renewal requirements.

Authority cited: Sections 4001.1 and 4005, Business and Professions Code. Reference: Sections 490, 4036, 4200.5, 4207, 4301, 4301.5 and 4400, Business and Professions Code; and Sections 11105(b)(10) and 11105(e), Penal Code.

To Add Section 1702.1 of Article 5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:

1702. 1 Pharmacy Technician Renewal Requirements

(a) A pharmacy technician applicant for renewal who has not previously submitted fingerprints as a condition of licensure or for whom an electronic record of the licensee's fingerprints does not exist in the Department of Justice's criminal offender record identification database shall successfully complete

a state and federal level criminal offender record information search conducted through the Department of Justice by the licensee's or registrant's renewal date that occurs on or after July 1, 2014.
(1) A pharmacy technician shall retain for at least three years as evidence of having complied with subdivision (a) either a receipt showing that he or she has electronically transmitted his or her fingerprint images to the Department of Justice or, for those who did not use an electronic fingerprinting system, a receipt evidencing that his or her fingerprints were recorded and submitted to the Board.
(2) A pharmacy technician applicant for renewal shall pay the actual cost of compliance with subdivision (a).
(3) As a condition of petitioning the board for reinstatement of a revoked or surrendered license an applicant shall comply with subdivision (a).
(4) The board may waive the requirements of this section for licensees who are actively serving in the United States military. The board may not return a license to active status until the licensee has complied with subdivision (a).
(b) As a condition of renewal, a pharmacy technician applicant shall disclose on the renewal form whether he or she has been convicted, as defined in Section 490 of the Business and Professions Code, of any violation of the law in this or any other state, the United States, or other country, since his or her last renewal . Traffic infractions under $500 not involving alcohol, dangerous drugs, or controlled substances do not need to be disclosed.
(c) As a condition of renewal, a pharmacy technician applicant shall disclose on the renewal form any disciplinary action against any license issued to the applicant by a government agency. For the purposes of this section, "disciplinary action" means an administrative action that resulted in a restriction or penalty being placed on the license, such as revocation, suspension, or probation.
(d) Failure to provide all of the information required by this section renders an application for renewal incomplete and the board shall not renew the license until the licensee demonstrates compliance with all requirements.

Authority cited: Sections 4001.1 and 4005, Business and Professions Code. Reference: Sections 490, 4038, 4115, 4202, 4207, 4301, 4301.5 and 4400, Business and Professions Code; and Sections 11105(b)(10) and 11105(e), Penal Code.

To Amend Section 1702.2 of Article 5 of Division 17 of Title 16 of the California Code of Regulations to read as follows:
1702. 2 Designated Representative Renewal Requirements

(a) A designated representative applicant for renewal who has not previously submitted fingerprints as a condition of licensure or for whom an electronic record of the licensee's fingerprints does not exist in the Department of Justice's criminal offender record identification database shall successfully complete a state and federal level criminal offender record information search conducted through the Department of Justice by the licensee's or registrant's renewal date that occurs on or after July 1, 2014.
(1) A designated representative shall retain for at least three years as evidence of having complied with subdivision (a) either a receipt showing that he or she has electronically transmitted his or her fingerprint images to the Department of Justice or, for those who did not use an electronic fingerprinting system, a receipt evidencing that his or her fingerprints were recorded and submitted to the Board.

(2) A designated representative applicant for renewal shall pay the actual cost of compliance with subdivision (a).
(3) As a condition of petitioning the board for reinstatement of a revoked or surrendered license an applicant shall comply with subdivision (a).
(4) The board may waive the requirements of this section for licensees who are actively serving in the United States military. The board may not return a license to active status until the licensee has complied with subdivision (a).
(b) As a condition of renewal, a designated representative applicant shall disclose on the renewal form whether he or she has been convicted, as defined in Section 490 of the Business and Professions Code, of any violation of the law in this or any other state, the United States, or other country, since his or her last renewal . Traffic infractions under $500 not involving alcohol, dangerous drugs, or controlled substances do not need to be disclosed.
(c) As a condition of renewal, a designated representative applicant shall disclose on the renewal form any disciplinary action against any license issued to the applicant by a government agency. For the purposes of this section, "disciplinary action" means an administrative action that resulted in a restriction or penalty being placed on the license, such as revocation, suspension, or probation.
(c) Failure to provide all of the information required by this section renders an application for renewal incomplete and the board shall not renew the license until the licensee demonstrates compliance with all requirements.

Authority cited: Sections 4001.1 and 4005, Business and Professions Code. Reference: Sections 490, 4022.5, 4053, 4207, 4301, 4301.5 and 4400, Business and Professions Code; and Sections 11105(b)(10) and 11105(e), Penal Code.

Prior Board Discussion on this Topic
October 2009
Minutes Excerpt

Proposed Regulation for Pharmacists to Report on License Renewal Applications Prior Convictions and To Require Electronic Submission of Fingerprints for Pharmacists With No Prior History of Electronic Fingerprints On File

Dr. Swart provided that at the Enforcement Committee Meeting, the committee discussed the board's enforcement program. He stated that whereas the board has better timelines than the Board of Registered Nursing (BRN), they are not 12-18 months for most formal discipline, which is the average timeline targeted by the director and Administration. Dr. Swart advised that the board needs to strengthen its enforcement program, and provide faster resolution time. He indicated that the board will need additional staff. Dr. Swart provided that since August 2009, staff has been working on program changes and budget change proposals to augment staff so we can improve our program.

Dr. Swart stated that the Enforcement Committee recommends: Initiate a rulemaking on a regulation for pharmacists to: (1) report on license renewal applications prior convictions during the renewal period, and (2) to require electronic submission of fingerprints for pharmacists with no prior history of electronic fingerprints on file.

Dr. Swart provided that for years, the Board of Pharmacy has been fingerprinting applicants for individual licenses (pharmacists, pharmacist interns, technicians, designated representatives), and the officers and owners of board-licensed facilities (pharmacies, wholesalers, clinics, etc.).

Dr. Swart provided that pharmacists have been fingerprinted as a condition of licensure since September 1947 – only 150 individuals with active licenses do not have prints on file with the California Department of Justice. He advised that other boards only began fingerprinting applicants in the late 1980s and later.

Dr. Swart provided that the number of arrest and conviction reports (rap sheets) sent to the board on applicants and licensees is strongly dependent upon the speed with which local jurisdictions enter this information into the reporting system. He stated that in recent years, the number of these reports sent to the board has dramatically increased, and has exceeded the board's ability to respond timely to these cases. As a result, the board submitted a budget change proposal early this year to ensure that it can timely review and investigate reports of criminal convictions and arrests. He advised that the board received 6.5 new positions effective July 1, 2009. Dr. Swart stated that the last two of these positions were filled in mid-September. He added that staff is now working to investigate a backlog of rap sheets awaiting review.

Dr. Swart provided that currently, the board's ability to ensure it has all information about the arrests and convictions of its licensees is not complete for two reasons:

1. Licensees who submitted fingerprints before 2001 submitted them on fingerprint cards, and the Department of Justice has not automated this process. Those who have been licensed since 2001 have submitted their fingerprints electronically through "LiveScan." Staff is concerned that it may not receive or receive timely rap sheets of those whose fingerprints are not electronically on file with the Department of Justice.

2. Licensees of the Board of Pharmacy are not required to certify at time of license renewal that they have not been convicted of anything. This is standard for other boards, and is a recommendation of the department for all health care boards.

Dr. Swart provided that in 2009, SB 389 was introduced to ensure all departmental agencies had fingerprints on file for all licensees, and that at each renewal, all licensees would certify that they had not been convicted of any crime during the renewal period. He advised that SB 389 was stalled in a policy committee of the Legislature.

Dr. Swart provided that staff recommend that the board move forward to secure these two elements for pharmacists, and then as this is completed for pharmacists, to move forward with technicians and designated representatives who were fingerprinted before 2001.

Dr. Swart provided that at the September Enforcement Committee Meeting, the committee recommended that the board move forward with this regulation.

Board Discussion
The board discussed the timeline and the inclusion of an implementation date for the regulation. Licensees were encouraged to renew in a timely manner to ensure efficient processing.

Stan Weisser expressed concern over the traffic infractions that are required to be reported. He suggested the $300 traffic fine standard may be to low, and result in a barrage of rap sheets. The board discussed the workload impact with regards to the reporting of citations resulting in a $300 fine versus a $500 fine.

Executive Officer Virginia Herold provided that the fine standard is at the discretion of the board. She discussed the importance of the board's ability to review and investigate criminal convictions and arrests in order to protect the public. Ms. Herold indicated that the standard on the application is $500.

Dr. Swart provided that there should be consistency between fine standards on the application and the renewal forms. There was no additional board discussion. No public comment was provided.

MOTION: Initiate rulemaking on proposed regulation for pharmacists to: (1) report on license renewal applications prior convictions during the renewal period, and (2) to require electronic submission of fingerprints for pharmacists with no prior history of electronic fingerprints on file. This rulemaking will go into effect 6 months after the approval of the Office of Administrative Law (OAL).
M/S: Schell/Wheat
Approve: 8 Oppose: 0 Abstain: 0

MOTION: Direct board staff to take all steps necessary to initiate the formal rulemaking process to adopt the proposed text at 16 CCR Section 1702 and to authorize the executive officer to make any non-substantive changes to the rulemaking package and to insert the effective date in subdivision (a).
M/S: Schell/Wheat
Approve: 8 Oppose: 0 Abstain: 0

MOTION: Change the renewal disclosure requirement in subdivision (b) from traffic infractions under $300 to traffic infractions under $500.
M/S: Swart/Weisser
Approve: 8 Oppose: 0 Abstain: 0

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DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR

Date: **May 20, 2013**

To: **Licensing Committee**

Subject: **Agenda Item #3 – Staff Recommendation for Regulation Changes to Require Site Licenses to Report Disciplinary Actions by Other Entities at Time of Renewal**

Relevant Statutes and Regulations

Business and Professions Code Section 4112 provides for the regulation of a pharmacy located outside of California that ships, mails, or delivers, in any matter, controlled substances, dangerous drugs, or dangerous devices into this state.

Business and Professions Code Section 4161 provides for the regulation of a wholesaler located outside of California that ships, sells, mails, or delivers dangerous drugs or devices into this state or that sells, brokers or distributes such products.

Background

As part of the requirements for initial licensure as either a nonresident pharmacy or nonresident wholesaler an applicant must hold a current license in the resident state. Prior to issuance of a CA license, such applicants provide the board with license verification from the resident state that provides our board with confirmation of the current standing with the other state board as well as notification if the license has been disciplined. This information is very valuable when making a licensing decision; however, it only provides information at the time of licensure.

During the April Licensing Committee meeting, board staff recommended that the committee discuss, and if it so chooses, recommend to the board full board, initiation of a rulemaking that would require, as a condition of renewal, disclosure of any disciplinary action taken against the entity in its home state.

The committee discussed the proposal to require as a conditional of renewal, disclosure of any disciplinary action taken against the entity in its home state. The committee discussed the policy behind the recommendation and expressed support for the concept. Chairperson Veale directed staff to refine the language and to clarify exactly what staff is requesting the licensee provide.

Committee Action

Following this memo is revised draft language as requested.

Title 16. Board of Pharmacy
Proposed Language

1702.5. Disclosure of Discipline, Renewal, Nonresident Wholesaler or Nonresident Pharmacy.

(a) As a condition of renewal, an applicant seeking renewal of a license as a nonresident wholesaler or as a nonresident pharmacy shall report to the board any disciplinary action taken by any government agency since the last renewal of the license. An applicant seeking the first renewal of a license as a nonresident wholesaler or a nonresident pharmacy shall report to the board any disciplinary action taken by any government agency since issuance of the license.

(b) For purposes of this section, "disciplinary action" means any administrative action that resulted in a restriction or penalty against the license, such as revocation, suspension or discipline. Failure to provide information required by this section shall render an application for renewal incomplete, and the board shall not renew the license until such time as the information is provided.

Authority cited: Section 4005, Business and Professions Code. Reference: Sections 4112, 4161, 4300, 4301, Business and Professions Code

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GOVERNOR EDMUND G. BROWN JR

Date: **May 20, 2013**

To: **Licensing Committee**

Subject: **Agenda Item #4 – Review of Request from Det Norske Veritas (DNV) to Renew Board of Pharmacy Approval as an Accreditation Agency for Licensed Sterile Injectable Compounding Pharmacies.**

Relevant Statutes

Business and Professions Code Sections 4127 – 4127.8 provides for the regulation of pharmacies that compound sterile injectable drug products in a pharmacy. Pharmacy law creates an exemption from the licensure requirements for a pharmacy that is accredited by a private accreditation agency approved by the board (B&PC 4127.1 (d) and 4127.2 (c).)

Background

For the past several years the board has been discussing several elements of pharmacies that compound sterile injectable products, including the requirements for private accreditation agencies. As part of the current approval process, such agencies apply to the board for consideration and approval by the board.

Det Norske Veritas (DNV) was previously approved by the board for a three year period. This approval will expire later this year. As such DNV has submitted a new request to the board. Regrettably because the April Licensing Committee meeting was rescheduled, a representative from DNV was unable to attend the committee meeting. The committee recommended to the board to extend DNV's approval for three months so that DNV would be able to attend the May Licensing Committee meeting. The board approved this recommendation.

Supervising Inspector Janice Dang conducted an inspection of four hospitals accredited by DNV. Attached is a summary of the inspection report. Supervising Inspector Janice Dang and representatives from DNV will be available to answer questions from the committee.

Committee Action

The committee should be prepared to act on the request submitted by DNV.

Table 1: Summary of hospital pharmacy inspections of hospital accredited by Det Norske Veritas Healthcare Inc. (DNV)

Criteria	Hospital #1	Hospital #2	Hospital #3	Hospital #4
Accreditation Period:	3/12/10 to 3/12/13 3/12/13 to 3/12/16 (verbal approval; waiting for written letter)	9/10/12 to 9/10/15	1/27/13 to 1/26/16. Changed to DNV in 2011	4/6/11 to 4/6/14. DNV completed survey the day before BOP inspection.
Description of Hospital:	• 24 hour operation. • Sterile to sterile compounding only; including Chemo. • TPN contracted to CAPS; • Dilaudid PCA and Pitocin contracted to PharMedium • No Central Fill. • Does not dispense discharge meds; • No ER dispensing.	• Not 24 hours. • Sterile to sterile compounding only; including Chemo. • Building a clean room (delay due to pending sale of hospital). • No contracts for outsourcing of IVs. • No Central Fill. • Does not dispense discharge meds; • No ER dispensing.	• Sterile to sterile compounding only. • Uses Iso-barrier hoods.	• Sterile to sterile only. • Dispense employee prescriptions – patient centered labels. • Serves as the back-up pharmacy for another hospital pharmacy after hours.
Self-Assessment: • Hospital • Compounding	Reviewed.	Reviewed.	Reviewed.	Reviewed.
Record keeping: • CCR1751.1 • CCR 1735.2 • CCR 1735.3 • BPC 4081	Reviewed. • Documents lot # and manufacturer for one time basis compounded drugs.	Reviewed. • Documents lot#, manufacturer and expiration date for all compounded drugs.	Reviewed.	Reviewed. • **Compounding log not consistently initialed by RPH to show TCH work was reviewed.**

Master formula:	Reviewed. • **Master formula need to include equipment used.**	Reviewed. • **Master formula need to include equipment used.**	Reviewed. • **Master formula need to include equipment used**.	Reviewed. • **Master formula need to include equipment used**.
Labeling: • CCR 1751.2 • CCR 1735.4 • CCR 1735.3 • BPC 4076 • BPC 4076.5 • CCR 1707.5	• **Label does not state IV was compounded by which pharmacy.**	• **Label does not state IV was compounded**	• **Label does not state IV was compounded**	• **Label does not state IV was compounded**
Expiration dating: • CCR 1735.2(h)	Reviewed. • Preference: 24 hour expiration date for drugs compounded for one time basis.	Reviewed. • Preference: 72 hour expiration date for drugs compounded for one time basis	Reviewed. • Preference: 72 hour expiration date for drugs compounded for one time basis	Reviewed. • Preference: 24 hours expiration date for drugs compounded for one time basis.
Policies and Procedures: • CCR 1751.3 • CCR 1735.5	Reviewed.	Reviewed.	Reviewed.	Reviewed.
Compounding Area: • CCR 1751 • CCR 1751.4(d)	• **Walls and ceilings not cleaned weekly; floors daily;** • **Recommended alternating cleaning solution.**	• Floors cleaned daily. • **Walls and ceiling not cleaned weekly.** • **Recommended alternating cleaning solutions.** • **No documentation to reflect when cleaning is done. Spoke with housekeeping supervisor.**	• **Walls and ceilings not cleaned weekly.** • **Ceiling tiles were not washable tiles in compounding area.**	• Floors cleaned daily. • Ceiling and walls cleaned weekly.

Facility and Equipment: • CCR 1751.4 • CCR 1735.6 • CCR 1735.2	• P/P states biennial certification of Iso-barriers. **Certification expired 3/6/13.** (CA require annual certification). • Temperature logs reviewed.	• Hood certified 12/10/12, due for recertification on 6/10/13. • Temperature electronically monitored by engineering. • One horizontal and one vertical hood. • Temperature electronically monitored. • **Tacky mats not used prior to entering anteroom.**	• Uses tacky mats in compounding area. • Temperature monitored.	• Hood cleaning per shift. • Change filter monthly. • Temperature manually monitored
Attire: • CCR 1751.5	Reviewed.	Reviewed.	Reviewed.	Reviewed.
Training: • CCR 1751.6 • CCR 1735.7	Reviewed.	Reviewed.	Reviewed.	Reviewed.
Quality assurance and Process Validation: • CCR 1751.7 • CCR 1735.8	• QA being done for end product testing; • Checks for sterility. • Environmental testing done.	• Environmental testing done quarterly. • End product testing done.	• Only sterility testing done; • No testing on end product for potency, quality, integrity or strength. • Environmental testing done. • Fingertip testing done.	• Glove tip testing. • Uses QT microbial JR. • Monthly environment testing with QT paddles • All NICU TPNs undergo spectrometry refractory index testing to verify concentrations of ingredients.

Purchasing: • CCR 1735.	Reviewed. • WLS orders delivered directly to pharmacy. • PIC orders; different staff receives order; different person reconciles orders. • Pharmacist signs for all orders.	Reviewed. • WLS orders delivered directly to pharmacy. • RPH signs for deliveries.	Reviewed. • RPH signs for deliveries.	Reviewed. • RPH signs for deliveries.
Miscellaneous:	• Received new NTC but not posted; Old NTC was posted. • POA written in wrong format; gave DEA format 21CFR1305.05 • CSOS program only documented the quantity and not the date for each item received.		• Fills discharge meds for hardship cases only. Labels were not patient centered labels.	

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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

Date: **May 20, 2013**

To: **Licensing Committee**

Subject: **Agenda Item #5 – Update on the Board's Psychometric Evaluation for the PTCB and ExCPT Examinations**

Relevant Statutes

Business and Professions Code section 4202 establishes the requirements for licensure as a pharmacy technician. There are several routes to licensure:

- Obtain an associate's degree in pharmacy technology,
- Completion of a technician training course specified by the board,
- Graduation from a school of pharmacy recognized by the board, or
- Certification by the Pharmacy Technician Certification board.

Business and Professions Code 139 requires a psychometric assessment description of the occupational analysis serving as the basis for the examination and an assessment of the appropriateness of prerequisites for admittance to the examination.

Background

During the April 2009 Board Meeting, the board voted to direct staff to take the necessary steps to secure a vendor to complete the necessary psychometric assessments of the Pharmacy Technician Certification Board (PTCB) and Exam for the Certification of Pharmacy Technicians (ExCPT).

The results of the review would ensure that these applicants who qualify for licensure as a pharmacy technician have passed a validated exam, consistent with the requirements in B&PC 139. Upon completion, the committee will be advised on the findings at which time it may recommend a change to the statutory requirements for licensure detailed in B&PC 4202. The board was advised in 2010 that the department's Office of Professional Examination Services (OPES) will conduct these evaluations for the board. The board signed an interagency agreement with the OPES.

Recent Update

Board staff is currently working OPES to coordinate two workshop dates required for this as part of this review. The workshop dates have been identified as June 5-6, 2013, and July 16-17, 2013, in Sacramento, CA. Board staff have been recruiting licensed pharmacy technicians and pharmacist to participate in the workshops.

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GOVERNOR EDMUND G. BROWN JR

Date: **May 20, 2013**

To: **Licensing Committee**

Subject: **Agenda Item #6 – Review of the Board of Pharmacy's Emergency Response Plan**

Relevant Statutes

Business and Professions Code Section 4062 sets forth the general parameters for furnishing dangerous drugs during an emergency.

Business and Professions Code Section 900 sets for the general provisions that allow for health care practitioners licensed in another state to provide services in CA upon request of the Director of the California Emergency Medical Services Authority.

Background

Over the years, the board has dedicated resources to the subject of emergency response. The board's current policy statement was developed and subsequently published in the January 2007 newsletter. Following that, the board licensing committee and the full board have discussed several aspects of emergency response and disaster planning.

Below is a brief synopsis of actions taken by the board in this area:

January 2007 – Board publishes its Disaster Response Policy Statement. The plan essentially directs health care practitioners to use sound judgment and "take care of patients."

September 2009 – Board secures a statutory amendment to Business and Professions Code Section 4062 to allow for the use of a mobile pharmacy in the event of a natural disaster.

October 2009 – Board votes to expand on board's emergency response policy to allow for any three members of the board to convene a meeting by teleconference, by electronic means or by other means of communication to exercise the powers delegated to the full board.

May 2012 - Board approves a draft regulatory proposal to require continuing education in specific content areas. One targeted area of continuing education is emergency response planning, as the board recognized the need of continuing education in this subject. (This regulation change has not been noticed yet.)

May 2013 - Board staff will participate in Rx Response's upcoming discussion-based disaster response exercise. The disaster response exercise is scheduled to include participants from the entire pharmaceutical supply chain. (Board staff will be available to provide information on the disaster response exercise at the Licensing Committee meeting.)

Following this memo are copies of the relevant statutes, the board's 2007 Disaster Response Policy Statement as well as information from CPhA and other agencies on disaster preparedness and opportunities for pharmacists to become involved.

(b) Each written request shall contain the names and addresses of the supplier and the requester, the name and quantity of the specific dangerous drug desired, the name of the certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor, if applicable, receiving the samples pursuant to this section, the date of receipt, and the name and quantity of the dangerous drugs or dangerous devices provided. These records shall be preserved by the supplier with the records required by Section 4059.

(c) Nothing in this section is intended to expand the scope of practice of a certified nurse-midwife, nurse practitioner, physician assistant, or naturopathic doctor.

4062. Furnishing Dangerous Drugs during Emergency; Mobile Pharmacy

(a) Notwithstanding Section 4059 or any other provision of law, a pharmacist may, in good faith, furnish a dangerous drug or dangerous device in reasonable quantities without a prescription during a federal, state, or local emergency, to further the health and safety of the public. A record containing the date, name, and address of the person to whom the drug or device is furnished, and the name, strength, and quantity of the drug or device furnished shall be maintained. The pharmacist shall communicate this information to the patient's attending physician as soon as possible. Notwithstanding Section 4060 or any other provision of law, a person may possess a dangerous drug or dangerous device furnished without prescription pursuant to this section.

(b) During a declared federal, state, or local emergency, the board may waive application of any provisions of this chapter or the regulations adopted pursuant to it if, in the board's opinion, the waiver will aid in the protection of public health or the provision of patient care.

(c) During a declared federal, state, or local emergency, the board shall allow for the employment of a mobile pharmacy in impacted areas in order to ensure the continuity of patient care, if all of the following conditions are met:

(1) The mobile pharmacy shares common ownership with at least one currently licensed pharmacy in good standing.

(2) The mobile pharmacy retains records of dispensing, as required by subdivision (a).

(3) A licensed pharmacist is on the premises and the mobile pharmacy is under the control and management of a pharmacist while the drugs are being dispensed.

(4) Reasonable security measures are taken to safeguard the drug supply maintained in the mobile pharmacy.

(5) The mobile pharmacy is located within the declared emergency area or affected areas.

(6) The mobile pharmacy ceases the provision of services within 48 hours following the termination of the declared emergency.

4063. Refill of Prescription for Dangerous Drug or Device Requires Prescriber Authorization

No prescription for any dangerous drug or dangerous device may be refilled except upon authorization of the prescriber. The authorization may be given orally or at the time of giving the original prescription. No prescription for any dangerous drug that is a controlled substance may be designated refillable as needed.

4064. Emergency Refill of Prescription without Prescriber Authorization

(a) A prescription for a dangerous drug or dangerous device may be refilled without the prescriber's authorization if the prescriber is unavailable to authorize the refill and if, in the pharmacist's professional judgment, failure to refill the prescription might interrupt the patient's ongoing care and have a significant adverse effect on the patient's well-being.

(b) The pharmacist shall inform the patient that the prescription was refilled pursuant to this section.

BUSINESS AND PROFESSIONS CODE
SECTION 900-901

900. (a) Nothing in this division applies to a health care practitioner licensed in another state or territory of the United States who offers or provides health care for which he or she is licensed, if the health care is provided only during a state of emergency as defined in subdivision (b) of Section 8558 of the Government Code, which emergency overwhelms the response capabilities of California health care practitioners and only upon the request of the Director of the Emergency Medical Services Authority.

(b) The director shall be the medical control and shall designate the licensure and specialty health care practitioners required for the specific emergency and shall designate the areas to which they may be deployed.

(c) Health care practitioners shall provide, upon request, a valid copy of a professional license and a photograph identification issued by the state in which the practitioner holds licensure before being deployed by the director.

(d) Health care practitioners deployed pursuant to this chapter shall provide the appropriate California licensing authority with verification of licensure upon request.

(e) Health care practitioners providing health care pursuant to this chapter shall have immunity from liability for services rendered as specified in Section 8659 of the Government Code.

(f) For the purposes of this section, "health care practitioner" means any person who engages in acts which are the subject of licensure or regulation under this division or under any initiative act referred to in this division.

(g) For purposes of this section, "director" means the Director of the Emergency Medical Services Authority who shall have the powers specified in Division 2.5 (commencing with Section 1797) of the Health and Safety Code.

901. (a) For purposes of this section, the following provisions apply:

(1) "Board" means the applicable healing arts board, under this division or an initiative act referred to in this division, responsible for the licensure or regulation in this state of the respective health care practitioners.

(2) "Health care practitioner" means any person who engages in acts that are subject to licensure or regulation under this division or under any initiative act referred to in this division.

(3) "Sponsored event" means an event, not to exceed 10 calendar days, administered by either a sponsoring entity or a local government, or both, through which health care is provided to the public without compensation to the health care practitioner.

(4) "Sponsoring entity" means a nonprofit organization organized pursuant to Section 501(c)(3) of the Internal Revenue Code or a community-based organization.

(5) "Uninsured or underinsured person" means a person who does not have health care coverage, including private coverage or coverage through a program funded in whole or in part by a governmental entity, or a person who has health care coverage, but the coverage is not adequate to obtain those health care services offered by the health care practitioner under this section.

(b) A health care practitioner licensed or certified in good standing in another state, district, or territory of the United States who offers or provides health care services for which he or she is licensed or certified is exempt from the requirement for licensure if all of the following requirements are met:

(1) Prior to providing those services, he or she does all of the following:

(A) Obtains authorization from the board to participate in the sponsored event after submitting to the board a copy of his or her

Disaster Response Policy Statement

Advance planning and preparation for disaster and emergency response are important activities for individuals, as well as all Board licensees. The Board has begun working on such preparedness with the federal and state government, and to this end, in October 2006, the Board adopted the following policy statement.

The California State Board of Pharmacy wishes to ensure complete preparation for, and effective response to, any local, state, or national disaster, state of emergency, or other circumstance requiring expedited health system and/or public response. The skills, training, and capacities of board licensees, including wholesalers, pharmacies, pharmacists, intern pharmacists, and pharmacy technicians, will be an invaluable resource to those affected and responding. The Board also wishes to encourage an adequate response to any such circumstance affecting residents of California, by welcoming wholesalers, pharmacies, pharmacists, intern pharmacists, and pharmacy technicians licensed in good standing in other states to assist with health system and/or public response to residents of California.

The Board encourages its licensees to volunteer and become involved in local, state, and national emergency and disaster preparedness efforts. City or county health departments, fire departments, or other first responders can provide information on local opportunities. The Emergency Preparedness Office of the California Department of Health Services is a lead agency overseeing emergency preparedness and response in California, particularly regarding health system response, drug distribution and dispensing, and/or immunization and prophylaxis in the event of an emergency. At the federal level, lead contact agencies include the Department of Health and Human Services, the Centers for Disease Control, and/or the Department of Homeland Security and its Federal Emergency Management Agency (FEMA). Potential volunteers are encouraged to register and get information at *www.medicalvolunteer.ca.gov* (California) and *www.medicalreservecorps.gov* (federal).

The Board also continues to be actively involved in such planning efforts, at every level. The Board further encourages its licensees to assist in any way they can in any emergency circumstance or disaster. Under such conditions, the priority must be protection of public health and provision of essential patient care by the most expeditious and efficient means. Where declared emergency conditions exist, the Board recognizes that it may be difficult or impossible for licensees in affected areas to fully comply with regulatory requirements governing pharmacy practice or the distribution or dispensing of lifesaving medications.

In the event of a declared disaster or emergency, the Board expects to utilize its authority under the California Business and Professions Code, including section 4062, subdivision (b) thereof, to encourage and permit emergency provision of care to affected patients and areas, including by waiver of requirements that it may be implausible to meet under these circumstances, such as prescription requirements, record-keeping requirements, labeling requirements, employee ratio requirements, consultation requirements, or other standard pharmacy practices and duties that may interfere with the most efficient response to those affected. The Board encourages its licensees to assist, and follow directions from, local, state, and national health officials. The Board expects licensees to apply their judgment and training to providing medication to patients in the best interests of the patients, with circumstances on the ground dictating the extent to which regulatory requirements can be met in affected areas. The Board further expects that during such emergency, the highest standard of care possible will be provided, and that once the emergency has dissipated, its licensees will return to practices conforming to state and federal requirements.

Furthermore, during a declared disaster or emergency affecting residents of California, the Board hopes that persons outside of California will assist the residents of California. To facilitate such assistance, in the event of a declared California disaster or emergency, the Board expects to use its powers under the California Business and Professions Code, including section 900 and section 4062, subdivision (b) thereof, to allow any pharmacists, intern pharmacists, or pharmacy technicians, who are not licensed in California but who are licensed in good standing in another state, including those presently serving military or civilian duty, to provide emergency pharmacy services in California. The Board also expects to allow nonresident pharmacies or wholesalers that are not licensed in California but that are licensed in good standing in another state to ship medications to pharmacies, health professionals or other wholesalers in California.

Finally, the Board also expects to allow use of temporary facilities to facilitate drug distribution during a declared disaster or state of emergency. The Board expects that its licensees will similarly respond outside of the state to disasters or emergencies affecting populations outside California, and will pursue whatever steps may be necessary to encourage that sort of licensee response.

[1]Expanded powers in the event of a disaster are also granted to the Governor and/or other chief executives or governing bodies within California by the California Emergency Services Act [Cal. Gov. Code, §§ 8550-8668] and the California Disaster Assistance Act [Cal. Gov. Code, §§ 8680-8690.7], among others. Section 8571 of the Government Code, for instance, permits the Governor to suspend any regulatory statute during a state of war or emergency where strict compliance therewith would prevent, hinder, or delay mitigation.

[2]See also the Interstate Civil Defense and Disaster Compact [Cal. Gov. Code, §§ 177-178], the Emergency Management Assistance Compact [Cal. Gov. Code, §§ 179-179.5], and the California Disaster and Civil Defense Master Mutual Aid Agreement [executed 1950], regarding cooperation among the states.

californiapharmacistsassociation

Disaster Readiness

ACTIONS PHARMACISTS CAN TAKE IN THE EVENT OF A DISASTER IN THEIR AREA

By Glen Tao, Chair, CPhA Emergency Preparedness Committee Chair
LA County, Strategic National Stockpile Coordinator
gtao@ph.lacounty.gov

Before you Take Action, Pre-Register with Emergency Officials

- Step 1: Register with the State Disaster Healthcare Volunteers to acknowledge your willingness to help at: https://www.healthcarevolunteers.ca.gov/. While this is a state-generated database, names of registrations will be supplied to county emergency officials.
- Step 2: Register with the county Medical Reserve Corps. at: http://www.medicalreservecorps.gov/HomePage to engage in an organized community response. This is critical to verify licensure and enable you to practice when a disaster strikes.
- Step 3: follow FEMA's recommendations to: get a kit, make a plan, be informed available at www.ready.gov.
- Make sure that you and your family have a working emergency communications plan and are properly stocked with necessary emergency supplies. When you and your family are taken care of, only then will you be able to assist other people.
- Visit the Disaster/ Emergency Response page of the CPhA website to access resources that will help you prepare at: http://www.cpha.com/displaycommon.cfm?an=1&subarticlenbr=38

During a Disaster: Be Prepared to Respond to the Needs of your Patients:

- Monitor the seriousness of the disaster in your area via news media and first-responders – i.e. county, sheriff, police and fire officials – and the CDC in case of a public health emergency.
- Be prepared to dispense prescription refills for displaced populations - this may be your top priority.
- Provide emergency supply list for patients with chronic diseases. These lists can be quickly downloaded and posted in the pharmacy or shared with patients. Click here to view lists for patients with: asthma, congestive heart failure, diabetes, and those on dialysis. *(Note in an Earthquake internet communications may be impacted, so it may be wise to pre-print checklists and set up a hard copy disaster preparation binder).*

- If the pharmacy you work in is open and on the perimeter of a disaster area, you will need to order extra supplies.
- When you leave the building, leave a note with an emergency contact name and phone number so emergency officials and patients may contact you.
- Communicate with other pharmacies in the area in order to maintain continuity of care for patients.
- **Be Aware that you have permission to fill emergency prescriptions per the CA State Board of Pharmacy regulation BPC 4062 (b) when declared emergency conditions exist.**
- The California Board of Pharmacy published the Disaster Response Policy Statement in the January 2007 issue of The Script, which describes the preparation for, and effective response to, any declared local, state, or national disaster, state of emergency, or other circumstance requiring expedited health system and/or public response. The skills, training, and capacities of board licensees, including wholesalers, pharmacies, pharmacists, intern pharmacists, and pharmacy technicians, will be an invaluable resource to the public.

Pre-Disaster Planning: Business Emergency Plan

- Be sure you have a back up of your computers records/patient files that you can remotely connect to or take with you, or access in some other way. Your records are worth a fortune. You should also plan ahead in the event of no computer services/electric service, a way to dispense medications in a manual mode.
- Contact your computer vendor to learn more.
- Be proactive with your employees.
    - Take a list of all your employee's names and cell phone numbers so you can check on them to make sure they know what to do in an emergency situation, and communicate with them if you are off-site.
- For insurance coverage precautions, videotape your store, inside and out. Click here to download an insurance inventory form.
    - Date the video by taking a picture of a daily newspaper.
    - Take photos with a digital camera of the inside and outside of your store and have a CD made to keep in a safe deposit box.
    - Insurance companies do want a reference date, so do it every few years.
    - Have your insurance policies available to take with you, in case of an evacuation.
- On business continuation after the fact, know how to reach your primary and secondary vendors, and have key business contacts at your fingertips.

The above suggestions are just a few of the many steps that can be found in links provided via the above-mentioned websites to be able to survive a disaster. Pharmacy has an obligation to their community and nation to share their expertise in preparing for and managing the medical consequences of disasters. For more information, contact CPhA at (916) 779-1400.

Emergency Preparedness Survey

Below are some sample questions to assess the level of preparedness by Pharmacist in various practice settings.

1. My pharmacy practice setting is:
    a. Community-Independent
    b. Community-Chain
    c. Hospital
    d. Industry
    e. Other

2. I have a personal Emergency Response (ER) plan for myself including (check all that apply):
    a. An emergency meeting place near home
    b. An emergency meeting place for my workplace
    c. An emergency out of area phone contact with extended family/friend
    d. Emergency tools to shut off home gas and water
    e. An emergency kit for my home for at least 72 hours
    f. An emergency kit for my car in the event I am away for home
    g. An emergency kit for my work place

3. I have completed the following preparedness steps:
    a. First Aid course, i.e. beyond Pharmacy school
    b. CPR accreditation
    c. Immunization certification
    d. Volunteer for a county or state organization
    e. Attended emergency preparedness CE course/s in the last 12 months

4. To help me prepare for ER planning I use the following sources:
    a. CPhA sources – i.e. web site
    b. American Red Cross sources
    c. County resources
    d. Other

5. I am aware of the need for pharmacists to pre-register as a disaster volunteer so that I can offer my Professional expertise if needed: -------yes -----no

6. What type of resources do you think will better prepare you for dealing with major disasters?
    a. CE courses on emergency response planning
    b. First Aid courses
    c. Business preparedness courses
    d. Emergency response drills with county officials

7. In the event of a major disaster that forces you to evacuate your home in less than an hour, would you be ready?
    - Yes or No?

8. If the event of a serious disaster that cuts you off from basic services for three or more days, would you have the following on hand? *(check all that apply)*

- Food and water
- Clothing – including warm and rain gear
- First aid supplies
- Personal hygiene products
- Special needs items (pets, medications, etc)
- Important insurance and property documents
- All-purpose tool
- Battery-operated radio
- Flashlights
- Emergency contact information

9. Have you thought about having a list of key items in a "grab and go" fashion?

- Yes or no

10. In the event of a natural disaster in your area, would you know which agencies to refer to in regards to evacuation plans?

- Yes or no?

11. In the event of a serious viral outbreak in your area, would you know where to access stores of vaccines, masks, and other protective items?

- Yes or no?

12. In the event of a major disaster during your work day, which organizations would you be likely to contact for guidance in organizing a response?

- Red Cross
- Local TV/ radio station
- County Public Health Department
- Salvation Army
- Fire Dept. or other emergency officials

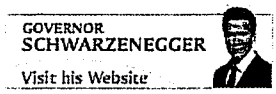
13. In the event of a major disaster in your area would your workplace be prepared to respond to the needs of the community with any of the following?

- Emergency supplies
- The ability to fill prescriptions for surrounding pharmacies

14. Are you aware that pharmacists are authorized to fill emergency prescriptions during declared emergencies, per the State Board of Pharmacy?

- Yes or No?

Disaster Healthcare Volunteers of California



Quick Links

- EMSA Home
- Healthcare Volunteer Resources Page

Username:

Password:

Log In

>> Forgot Username or Password?

>> Not Registered?

>> If you have already completed the registration process or wish to return to a registration which you've started but not completed, you can log in and update your profile.

Here you'll find the online registration system for medical and healthcare volunteers.

If you're a healthcare provider with an active license, a public health professional , or a member of a medical disaster response team in California who would like to volunteer for disaster service, you've come to the right place!

What does it take to register for disaster service?

1. During the on-line registration process, you will be asked to enter information regarding your license (if applicable).
2. Enter information about the best way to contact you, and other relevant background information.
3. Once you've registered, your credentials will be validated - before an emergency - so that you can be deployed quickly and efficiently. Your information will only be viewed by authorized system managers.

Once I'm registered, what happens next?

1. During a State or national disaster, (e.g., an earthquake severe weather event, or public health emergency), this system will be accessed by authorized medical/health officials at the State Emergency Operations Center or your county.
2. If a decision is made to request your service, you will be contacted using the information you enter on the site. If you agree to deploy, your information will be forwarded to the appropriate field operational officials.

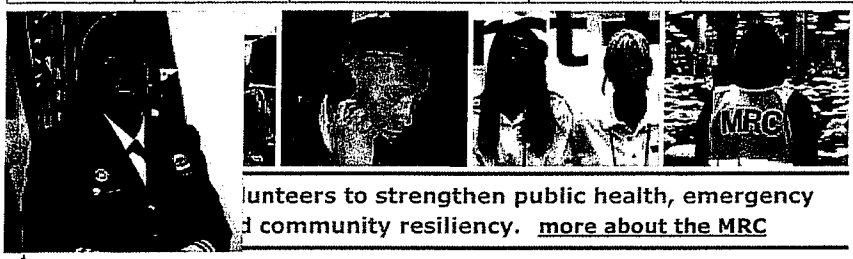
Thank you for Volunteering!

Office of the Civilian Volunteer

MEDICAL RESERVE CORPS

Sponsored by: Office of the U.S. Surgeon General

Volunteers Building Strong, Healthy, and Prepared Communities



lunteers to strengthen public health, emergency
d community resiliency. more about the MRC

Surgeon General, Dr. Regina M. Benjamin

Did you know...?

The Lowcountry MRC (North Charleston, SC) conducted health screenings at a Haiti repatriation center where 105 returning US citizens were... **read the entire article**

MRC Info

MRC Units	Volunteers
888	**205,700**
Find MRC Units	Learn about Volunteering

Volunteers

- About Volunteering
- FAQs
- MRC Spotlights
- Find MRC Units

Leaders

- Update My MRC
- Identity Guide - Logo Use
- Memo and ARC-MOU Template
- Unit Leader Development Tools
- Training Resources

Media

- Media Relations Guide
- SG Priorities and the MRC
- MRC Fact Sheets
- News and Events

- County Emergency Contacts
- Disaster Health Care Volunteers
- Emergency Checklists
- H1N1
- Medical Reserve Corp
- Meds Wallet Card
- National Preparedness Month
- Pandemic Preparedness
- Pandemic Flu Pharmacy Checklist

Disaster/Emergency Response - Get a Kit, Make A Plan, Get Informed

An emergency has taken place in your community. Do you know what to do next?

- Make sure you have emergency supplies.
- Make sure you have a communications plan with your family.
- When it's safe, use your pharmacy skills to help others.

When a disaster strikes, time is of the essence. Therefore, being prepared in advance of an emergency is critical.There is a growing need for pharmacists to play a pivotal role in emergency response efforts. Read below to learn more about how you can help.

Consider the case of the recent Earthquakes in Southern California, and the vicious storms throughout California that have forced people to leave their homes. Or, the San Diego fires two years ago in which many sought shelter in large stadiums. Pharmacists can help in all of these situations; in fact, we're told by emergency officials throughout the State, that pharmacists are greatly neededde on the ground when disaster strikes.

Call to Action for Pharmacists

The CPhA Emergency Preparedness Committee, with the support of its Board of Directors, puts out an **urgent call to action** for pharmacists and related health care professionals to step up their personal preparedness efforts and to join forces with State and county emergency officials. Being prepared for a disaster and knowing what to do to care for your families, your business and your home is the first step of preparedness.

The next step, is responding to the call for help.You will need information about where to go, what to do and who to report to. Assuming that your family and your home are safe, what do you do next? Who do you report to and where do you get information? Great questions, and ones that pharmacists need to get answers to long before disaster strikes. Read below to learn more.

Step 1. Register as a Disaster Health Care Volunteer
This is a group of professionals like you who want to volunteer during an emergency or disaster. This is a state run database that provides critical information to county officials when the need arises. When you register on the secure web-based registry, you will indicate your volunteer preferences and enter information about your license and skills. The registry will automatically notify you in the event of a disaster and track your deployment. Get answers to frequently asked questions.

Step 2. Connect at the County Level
It is vital that all health care volunteers connect with county officals in order to ensure effective communications of raining exercises and emergency deployment. To locate the county health officials within your area, click here.

Step 3. Join the Medical Reserve Corps. in your area
This group differs from the Disaster Health Care Volunteers in that it is a community-based unit of medical responders. These volunteers assist public health efforts in times of special need or disaster, e.g. during a major communicable disease outbreak, an earthquake, flood, fire, evacuation or an act of terrorism. Members of an MRC may also volunteer their time throughout the year in order to promote community public health and education. MRC units often organize training excercises that provid experiential skill development.

Step 4. Join the California State Board of Pharmacy's e-mail Notification list by visiting their website.
In addition to providing officials access to who and where you are, you also can sign up to receive emergency notifications as they occur; giving you advance notice of emergencies as they occur. **In many cases, these notifications will warn you of information that is not available to the mainstream public and also provide pharmacy-specific information you may not find elsewhere.**

FLU PREPAREDNESS

CPhA is encouraging all pharmacies to stock supplies of hand sanitizers, facial tissues, facial masks and other supplies the public will be looking for in order to protect themselves from the spread of the virus. In addition, we encourage all pharmacies to provide immunizations in the pharmacy setting in order to support the state and federal efforts to immunize as many people as possible. Flu immunizations will take place in two phases - one phase of vaccines for the normal flu season, and the second specifically for the H1N1 virus. The CDC is encouraging all populations, especially "at-risk" populations to get both sets of shots this year. **If you are planning to provide immunizations in your pharmacy setting, please let CPhA know by contacting Cathi Lord, CPhA Director of Communications, at: clord@cpha.com.**

Additional Resources for Flu and Basic Emergency Planning:

FEMA's Multimedia Website- www.fema.gov/medialibrary
Youtube- www.youtube.com/fema
Facebook- www.facebook.com/fema
Tips on how to be prepared, including how to make an emergency plan, and what should be in an emergency response kit, can be found at www.ready.gov/.

For more information, download the following documents and post in the pharmacy setting where appropriate.

Pandemic Preparedness for Pharmacists

Flu Preparedness for Patients

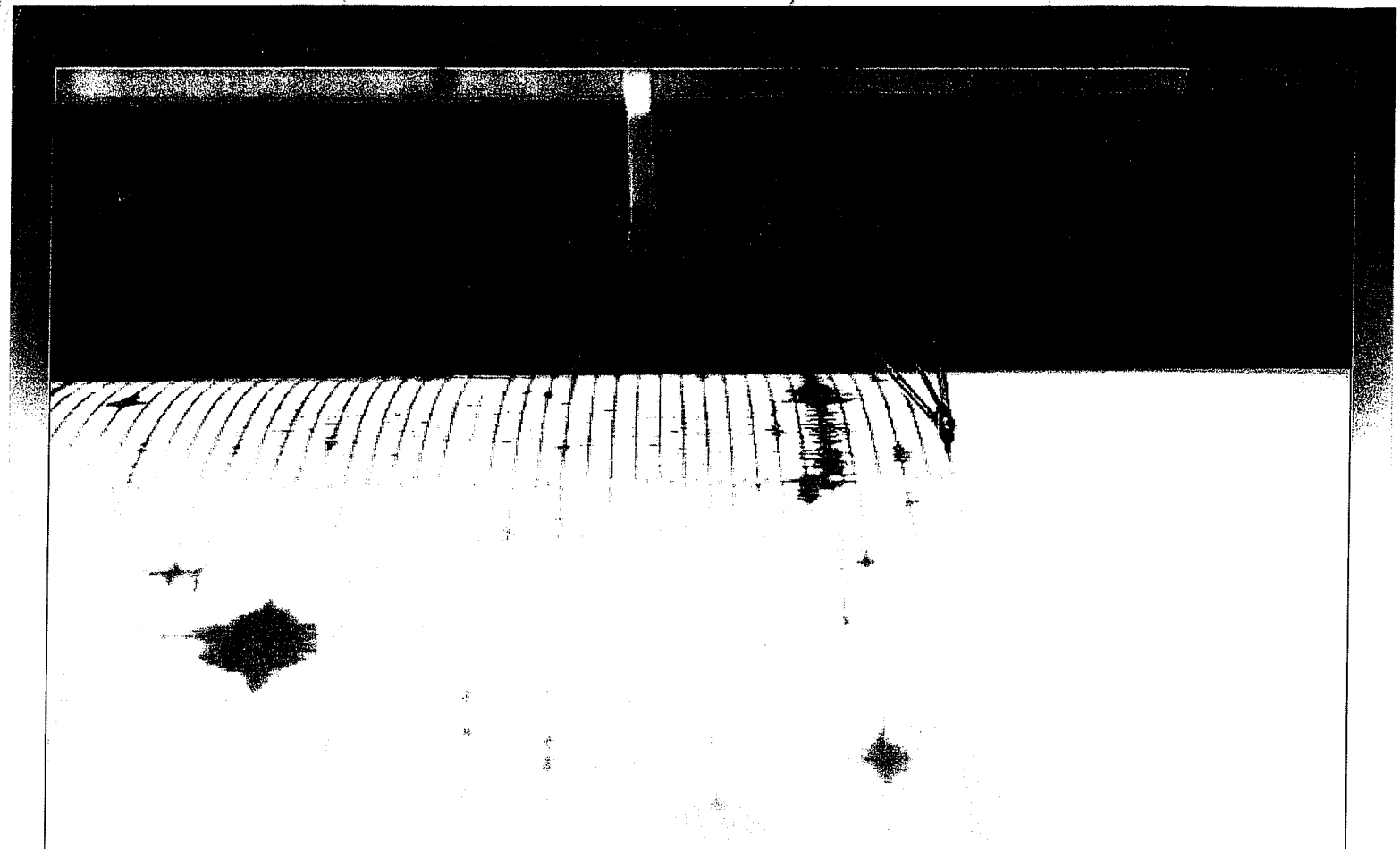
Local Associations - learn how you can "reach out" to patients and other pharmacists in your area.

Visit www.ready.gov for a complete set of downloadable materials and checklists to prepare yourself, your family and your business for emergencies of all types.

CPhA Emergency Preparedness Committee Members

The CPhA Emergency Commttee is made up of volunteer members who meet monthly by phone to advance the committee's agenda. To learn more about getting involved with this committee, contact Carl Britto, Chair of the committee by email at brittocm@comcast.net or Cathi Lord, CPhA Staff Director at clord@cpha.com.

Name
Glen Tao, **Chair**
Carl Britto
Mark Chew
Robin Corelli
Paul Drogichen
David Fong
Scott George
Dana Grau



The Silent Killer...

Being Caught Unprepared for Disasters

by Mark Chew, CPhA Emergency Preparedness Committee

It happens when you least expect it. Many times without warning. It may strike day or night with devastating results. It is a world-wide problem which plagues many high risk people in high risk countries. Sound like a heart attack? Would you believe an earthquake?

Fortunately we can mitigate some of the effects of this event by preparing today for the unforeseen emergencies of tomorrow.

As we have seen and heard about the devastating earthquakes in Haiti and Chile, as well as minor earthquakes in our own areas, it should remind us all to review our personal emergency preparedness plans and supplies.

Whether earthquakes, floods, fires, or severe weather, being prepared gives us a sense of stability when the world around us becomes chaotic. Have you started a personal preparedness plan and gathered supplies together? If not, there's no time like the present.

Remember to include business preparedness in your efforts as well. Update your records, backup your electronic data, and make DVD records of your business. Don't forget to include a picture of a newspaper showing the date to serve as a record.

The American Red Cross and the U.S. Department of Homeland Security provide comprehensive lists of recommended supplies as well as personal emergency preparedness plans which can be quickly and conveniently downloaded. Visit www.redcrossready.org or ready.gov to learn more.

If you prefer a quick solution to getting your emergency supplies in order, CPhA has partnered with a supplier that provides member discounts and which can be found on the home page of the CPhA website.

There's a recent statistic that has been shared by Past President, Jeff Goad, that pharmacists are 10 times more likely than any other healthcare provider to be needed in the event of an emergency due to their accessibility in communities throughout America. That's a daunting reality and a major call to action! But first things first. You can't help anyone else until you have provided for yourself and family. Getting a kit, making a plan and getting informed are three of the most critical steps pharmacists can take.

Now is the time to prepare, don't be caught saying, "I wish I would have..."

Licensing

Virginia K. Herold

From: Karen Abbe
Sent: Friday, April 08, 2011 8:40 AM
To: Virginia K. Herold
Cc: Anne Sodergren; Carolyn Klein
Subject: ProPublica: U.S. Health Care System Unprepared for Major Nuclear Emergency

U.S. Health Care System Unprepared for Major Nuclear Emergency

By Sheri Fink
Special to ProPublica
April 7, 2011, 12 p.m.

U.S. officials say the nation's health system is ill-prepared to cope with a catastrophic release of radiation, despite years of focus on the possibility of a terrorist "dirty bomb" or an improvised nuclear device attack.

A blunt assessment circulating among American officials says "Current capabilities can only handle a few radiation injuries at any one time." That assessment [1], prepared by the Department of Homeland Security in 2010 and stamped "for official use only," says "there is no strategy for notifying the public in real time of recommendations on shelter or evacuation priorities."

The Homeland Security report, plus several other reports and interviews with almost two dozen experts inside and outside the government, reveal other gaps that may increase the risks posed by a nuclear accident or terrorist attack.

One example: The U.S. Strategic National Stockpile stopped purchasing the best-known agent to counter radioactive iodine-induced thyroid cancer in young people, potassium iodide, about two years ago and designated the limited remaining quantities "excess," according to information provided by the U.S. Centers for Disease Control and Prevention to ProPublica. Despite this, the CDC website still lists potassium iodide as one of only four drugs in the stockpile specifically for use in radiation emergencies.

The drug is most effective when administered before or within hours of exposure. The decision to stop stockpiling it was made, in part, because distribution could take too long in a fast-moving emergency, one official involved in the discussions said. The interagency group that governs the stockpile decided that "other preparedness measures were more suitable to mitigate potential exposures to radioactive iodine that would result from a release at a nuclear reactor," a CDC spokesperson said in an email to ProPublica.

Japan's ongoing nuclear crisis [2] may prompt officials to revisit that conclusion. With radiation levels higher than expected outside the evacuation zones in some areas, the Japanese government recently asked the United States for potassium iodide. The federal government agreed to send some of its dwindling stockpile of the liquid version used in children or adults, which is due to reach its expiration date within about a year. The government is currently "finalizing the paperwork," according to an official with the U.S. Department of Health and Human Services.

Another example: While hospitals near nuclear power plants often drill for radiological emergencies, few hospitals outside of that area practice such drills. Most medical personnel are untrained and unfamiliar with the level of risk posed by radiation, whether it is released from a nuclear power plant, a "dirty" bomb laced with radioactive material, or the explosion of an improvised nuclear weapon.

Many states don't have a basic radiation emergency plan [3] for communicating with the public or responding to the health risks. Even something as fundamental as the importance of sheltering inside

sturdy buildings to avoid exposure to radioactive fallout from a nuclear explosion -- which experts say could determine whether huge numbers of people live or die -- hasn't been communicated to the public.

Recently the White House and other federal officials concerned about deficiencies in public readiness met with experts to explore what might be done to make nuclear events more survivable. "The bottom line is that the citizenry are not prepared at all," said Michael McDonald, president of Global Health Initiatives, who participated in White House and congressional briefings.

The Department of Homeland Security report acknowledges that officials are poorly prepared to communicate with the public and that the current organization of medical care "does not support the anticipated magnitude of the requirements" following an attack with an improvised nuclear device. It says the United States has "limited" treatment options for radiation exposure and notes that staff and materials aren't in place to carry out mass evacuations after a large-scale release of radiation. "The requirements to monitor, track, and decontaminate large numbers of people have not been identified," the report said.

Underlying the preparedness problems is the need for additional research. It isn't known, for example, how a nuclear blast and electromagnetic pulse would affect modern communications infrastructure, or to what extent modern buildings can protect people from nuclear blast, heat and radiation effects.

A report prepared last year by the Council on State and Territorial Epidemiologists [4] was equally pessimistic about U.S. readiness. Based on surveys of public health officials in 38 states, it concluded that "In almost every measure of public health capacity and capability, the public health system remains poorly prepared to adequately respond to a major radiation emergency incident." Forty-five percent of the states surveyed had no radiation plan at all for areas outside federally mandated nuclear power plant emergency zones. Almost 85 percent of the officials said their states couldn't properly respond to a radiation incident because of inadequate planning, resources, staffing and partnerships.

More troubling was the fact that the situation hasn't improved since a similar survey was taken in 2003. "Most of those comparisons appear to indicate either the same poor level of preparedness and planning or a decline in capacity," the report said.

The nation's investment in emergency preparedness seems likely to decrease rather than increase, experts say, because of massive federal and state deficits.

President Obama's proposed budget would cut funding for a federal hospital preparedness program by about 10 percent. The release of proposed federal regulations that would require hospitals to meet emergency management standards has been delayed.

"If the public isn't demanding that we be better prepared, the politicians won't put the money in for us to be better prepared and the regulators" won't require it, said Dr. Arthur Cooper, a professor of surgery at Columbia University and director of trauma and pediatric surgical services at Harlem Hospital Center. "It all begins with the public knowing this is a problem that's got to be solved and it's worth spending some money and effort to try to be prepared in a real way."

Hospital Preparedness

In the days after nuclear fuel at Japan's Fukushima power plant began to overheat, the greatest threat to one hospital within 50 miles of the plant wasn't radiation, but fear. Many staff members had fled, and government emergency workers hadn't delivered food and medicine needed for the 120 patients. Dr. Masaru Nakayama, director of Kashima Hospital in Iwaki, Japan, said it took time to convince people that the area around the hospital was in fact safe.

Yet in national surveys, U.S. hospital workers have expressed fears similar to those of Dr. Nakayama's staff, saying they would be less willing to report to work for a radiological or nuclear incident than for other types of emergencies. They also said they feel unprepared for the work they would be required to do, even though the risk of radiation exposure from treating contaminated patients outside the danger zone is considered negligible when workers are properly trained and wear protective equipment.

"The level of education for disasters across the board in American hospitals is really pretty terrible," said Dr. Cooper. "People don't have a good sense of how to focus on any disaster, let alone a radiation disaster. Radiation adds a level of complexity that most folks aren't prepared to face."

Cooper said hospital drills have improved in recent years, "but they occur far too seldom and they end far too quickly and they're far too superficial to really prepare a hospital for a major disaster."

"Shutting down part of the hospital's work for a period of time to conduct a full-scale exercise, that's daunting for a hospital," he said. "Trying to 'do the right thing' and provide employees with in-depth disaster education across the board is not something they're going to do unless it becomes a major regulatory mandate."

Dr. William Fales, an associate professor of emergency medicine at Michigan State University and a regional medical director in southwest Michigan, said he has yet to see a hospital outside of a nuclear reactor's emergency planning zone conduct a drill for a nuclear or radiological emergency.

In the courses Fales teaches for medical professionals, he has seen firsthand what little baseline knowledge many of them have. In one exercise they are treating mock bombing victims when they are suddenly told that the explosive was a dirty bomb packed with radioactive material. Typically they drop everything, run the patients outside and decontaminate them. But that reflects a lack of knowledge of a basic principle—that medical workers should treat a patient's life-threatening traumatic injuries from a bomb blast before worrying about radiological decontamination.

"It's amazing," Fales said. "It's a kneejerk reaction because they hear the word 'radiation.' ... Imagine what would happen if, God forbid, we had a real terrorist bombing and a rumor started on TV that it was a dirty bomb. How many potentially salvageable trauma patients would be compromised by that reaction?"

Health workers made a different mistake at a recent radiation emergency conference sponsored by the CDC [5]. When a workshop leader in a white decontamination suit asked nurses to practice cutting the garments off a mock contamination patient, one volunteer slid the scissors quickly from ankle to torso. That could send radioactive debris flying, the leader warned. The more careful approach took about two minutes—a long time if hundreds are awaiting assistance.

Knowing when a patient has been contaminated versus exposed to radiation is an important distinction that is acquired with simple training. "If you put a chicken in a microwave and cook it, it comes out a rubbery chicken, but it doesn't come out contaminated," Fales said. "It's been irradiated, but it's not radioactive."

Fales said few participants in his training courses think about doing a quick survey with a radiation detector to verify the existence of contamination. At many hospitals, most workers don't even know where the Geiger-Müller counter is kept.

Facing a Worst Case Emergency

The American Medical Association devoted the March issue of its journal, Disaster Medicine and Public Health Preparedness [6], to the No. 1 scenario on the federal government's list of 15 planning scenarios for emergency preparedness—a nuclear explosion equivalent to the force of a 10-kiloton trinitrotoluene (TNT) blast on a major population center.

Using Washington, D.C. as an example, one study estimated that 180,000 hospital beds could be needed after such a detonation and that 61,000 of those patients could require intensive care. But Washington typically has only about 1,000 vacant beds—and there are only about 9,400 vacant intensive care unit beds in the entire United States.

After a nuclear blast, hospitals would likely fill with trauma patients. Later, others would arrive with acute radiation syndrome, which can take days to manifest and affects multiple organ systems. Without supportive care, about 50 percent of people exposed to 3.5 Gray, a measure of radiation dose, would die. Proper care would almost double the exposure level at which 50 percent would survive, but only a small fraction of American medical professionals have training and expertise in treating radiation injury.

Given that not enough beds would be available, hospitals and first responders would have to choose which patients to save. Authors of the journal articles recommend basing those decisions in part on how much radiation exposure patients have received and treating only those with a reasonable chance of surviving. "It's very hard to turn someone away who needs medical care who comes to your hospital," Cooper said. "I don't think any American hospital is prepared to do this kind of triage."

The staff would be hampered by a shortage of the laboratory equipment needed to help evaluate so many patients, a lack of approved devices to rapidly quantify the level of radiation exposure, and a lack of approved medicines to counter the cellular effects of radiation. About $200 million in federal funding has been invested since 2008 to develop diagnostics and treatments, but HHS officials say most are still years away from approval.

Even getting the protective measures that do exist, including potassium iodide, where they are needed is a challenge. Michigan has developed a round-the-clock dispatch system with ready-to-go medical packs designed for a range of emergencies and stored at 16 sites around the state. Four of those sites stock radiological countermeasures.

"We think we're one of the few states that's really designed a statewide system that can deliver these countermeasures," Fales said. In the case of one particularly expensive drug provided by the federal government, "my sense is in a lot of states it's sitting in a warehouse in the state capital, hopefully secure and warm. On a Saturday night if something goes boom in a location on another side of the state, how long will it take to get it to where it's needed?"

Improving Future Response

One of the top priorities in preparing for a major nuclear disaster is readying ordinary citizens for the role they will have to play. "The common misperception is any nuclear blast means everybody's vaporized," McDonald said. "That's just wrong."

But experts say the government has done little to educate the public about its responsibilities.

When police and fire departments have run nuclear exercises in conjunction with federal authorities, "they haven't included the public," McDonald said. "They've basically treated it like a classified event."

The motivation may be to safeguard the public from fear and panic, McDonald said, but "it does almost no good for the federal government to be talking about this with the top officers and not have the public understand what to do." Although government websites including ready.gov and cdc.gov contain useful preparedness information, there is no single website the public can turn to for up-to-the-minute public health information in disasters.

One of the crucial things the public must know is when to evacuate and when to shelter underground or in a heavily constructed building. Yet making decisions on sheltering and evacuation and communicating those decisions to the public is precisely what the Homeland Security report found government agencies aren't inadequately prepared to do.

Sheltering in place could make a major difference in how many people live or die, because the danger of fallout decreases rapidly as radioactive elements decay and debris is dispersed. The dose rate drops 90 percent every seven hours.

"You can't wait until the event to put out this information," said Dr. James James, director of the American Medical Association's Center for Public Health Preparedness and Disaster Response.

Many experts predict that without more education, people would likely flee as many are doing in Tokyo and as many Americans did after the Three Mile Island nuclear accident in 1979. An estimated 144,000 people—many times more than the number advised to do so—needlessly left the area due to fear and inadequate information.

"Such an exodus would extend panic and devastation far beyond the locus of the event, draining food, water, medicines, gasoline, and other resources from surrounding communities and potentially causing gridlock that would severely compromise many elements of the official disaster response," according to a modeling study

published by University of Chicago researcher Michael Meit and colleagues in the same issue of the journal.

Not knowing what to do would be especially harmful to those who are least likely to be able get out of harm's way: children and the elderly, people with disabilities, and patients with chronic illnesses requiring regular treatment. The federal government enacted a number of reforms after elderly and disabled people died after Hurricane Katrina. But those reforms aren't necessarily reflected in critical front-line emergency plans. A federal court in California recently found the city of Los Angeles violated the Americans with Disabilities Act and other laws [7] for failing to consider the needs of the disabled in its emergency response plans.

Dr. Eric Toner, a senior associate at the University of Pittsburgh Medical Center's Center for Biosecurity in Baltimore, said the key to protecting as many people as possible during an emergency is offering them frank communication about what is known and unknown.

"Nature abhors a vacuum. If credible officials aren't out there constantly, that void will get filled with people who don't know what they're talking about or have different agendas."

Still, there is no guarantee the public will act on information once they get it. Several years ago Michigan, like many other states, sent vouchers for potassium iodide to people living within a 10-mile radius of a nuclear power plant. The goal was to give them the medication free of charge from local pharmacies, so they wouldn't risk their lives searching for the drug in an emergency, when they should be sheltering in place or evacuating.

But only about 6 percent of the residents picked up their allotted supply, said Fales, the Michigan regional medical director, a rate that's similar to some other states. "So much for pre-event planning," he concluded.

ProPublica's Sasha Chavkin contributed to this report.

California State Board of Pharmacy
1625 N. Market Blvd, N219, Sacramento, CA 95834
Phone: (916) 574-7900
Fax: (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

Date: **May 20, 2013**

To: **Board Members**

Subject: **Agenda Item #7 – Competency Committee Report**

California Practice Standards and Jurisprudence Examination for Pharmacists (CPJE)

The board instituted a quality assurance review of the CPJE effective April 1, 2013. This process is done periodically to ensure the reliability of the examination. As of the date of this report, the quality assurance review is still under review. Based on historical patterns, the board anticipates results being released approximately May or June 2013. The board encourages all qualified applicants to continue to schedule and take the CPJE exam. The greater the number of applicants who take the exam during this review period, the sooner results can be released.

Examination Development

Competency Committee workgroups continued to conduct examination development meetings during the spring of 2013. Both Competency Committee workgroups will meet August 2013 at the annual meeting to discuss examination development.

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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

Date: **May 20, 2013**

To: **Board Members**

Subject: **Agenda Item #8 – Licensing Statistics**

Licensing Statistics for July 2012 – April 2013

Attached are the licensing statistics for July 2012 to April 2013. During these past ten months, the board received over 13,300 applications and issued over 11,400 licenses. The number of applications received decreased approximately 10% and the number of licenses issued decreased approximately 3% when compared to the same time periods last fiscal year.

Board of Pharmacy Licensing Statistics - Fiscal Year 2012/13

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
I. APPLICATIONS													
A. Received													
Pharmacist (exam applications)	103	132	114	103	82	102	81	93	81	267			1158
Pharmacist (initial licensing applications)	313	636	179	201	89	70	18	80	62	59			1707
Intern pharmacist	37	568	234	209	163	57	133	143	79	167			1790
Pharmacy technician	731	841	543	804	707	535	699	726	680	843			7109
Pharmacy	42	40	34	34	30	20	20	160	29	39			448
Pharmacy Exempt	0	0	0	0	9	0	0	0	0	0			9
Pharmacy - Temp	9	9	13	10	0	4	4	136	7	13			205
Sterile Compounding	6	9	8	2	9	4	4	5	3	3			53
Sterile Compounding - Exempt	0	0	0	0	0	0	0	0	0	0			0
Sterile Compounding - Temp	2	0	2	2	4	2	1	0	0	0			13
Nonresident Sterile Compounding	0	1	1	3	1	3	1	2	3	1			16
Clinics	1	7	4	6	7	12	17	9	11	10			84
Clinics Exempt	0	0	0	0	0	0	0	0	0	0			0
Hospitals	0	2	4	2	0	0	0	7	2	4			21
Hospitals Exempt	0	0	0	0	0	0	0	0	0	0			0
Hospitals - Temp	0	0	0	0	0	0	0	0	0	0			0
Drug Room	0	0	0	0	0	0	0	0	0	0			0
Drug Room Exempt	0	0	0	0	0	0	0	0	0	0			0
Nonresident Pharmacy	3	8	9	4	7	4	16	17	9	9			86
Nonresident Pharmacy - Temp	2	2	1	0	4	0	6	2	0	0			17
Licensed Correctional Facility	0	0	0	0	0	0	0	0	0	0			0
Hypodermic Needle and Syringes	3	4	1	4	0	2	2	1	0	1			18
Hypodermic Needle and Syringes Exempt	0	0	0	0	0	0	0	0	0	0			0
Nonresident Wholesalers	7	10	12	9	8	8	2	13	8	17			94
Nonresident Wholesalers - Temp	0	0	0	0	1	0	0	4	0	0			5
Wholesalers	5	5	8	6	2	8	2	29	3	10			78
Wholesalers Exempt	0	0	0	0	0	0	0	0	0	0			0
Wholesalers - Temp	3	0	1	1	0	2	1	6	0	0			14
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	0	0	0	0	0			0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0	0	0	0	0			0
Designated Representatives	29	36	37	51	26	36	24	55	58	63			415
Designated Representatives Vet	2	0	0	0	0	0	0	0	0	0			2
Centralized Hospital Packaging	n/a	n/a	n/a	n/a	n/a	n/a	1	1	0	1			3
Total	1298	2310	1205	1451	1149	869	1032	1489	1035	1507	0	0	13345

Board of Pharmacy Licensing Statistics - Fiscal Year 2012/13

I. APPLICATIONS (continued)	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
B. Issued													
Pharmacist	306	598	92	318	93	72	21	19	113	66			1698
Intern pharmacist	19	104	422	328	265	33	0	92	110	124			1497
Pharmacy technician	617	778	820	742	848	795	635	718	720	451			7124
Pharmacy	34	29	37	36	28	36	14	15	149	24			402
Pharmacy - Exempt	0	1	1	0	0	0	0	0	2	0			4
Pharmacy - Temp	0	1	0	0	0	0	0	0	0	0			1
Sterile Compounding	5	1	5	6	1	3	2	2	5	4			34
Sterile Compounding - Exempt	0	0	0	0	0	1	0	0	0	0			1
Sterile Compounding - Temp	0	0	0	0	0	0	0	0	0	0			0
Nonresident Sterile Compounding	5	0	0	0	3	1	2	0	2	2			15
Clinics	16	6	1	2	7	4	1	13	18	4			72
Clinics Exempt	0	1	0	0	1	0	0	2	3	1			8
Hospitals	1	1	1	2	1	2	1	0	0	2			11
Hospitals Exempt	1	0	0	0	0	0	0	0	0	0			1
Hospitals - Temp	0	0	0	0	0	0	0	0	0	0			0
Drug Room	0	0	0	0	1	0	0	0	0	0			1
Drug Room Exempt	0	0	0	0	0	0	0	0	0	0			0
Nonresident Pharmacy	49	6	2	1	10	11	7	2	5	5			98
Nonresident Pharmacy - Temp	0	0	0	0	0	0	0	0	0	0			0
Licensed Correctional Facility	0	0	0	0	0	0	0	0	0	0			0
Hypodermic Needle and Syringes	4	3	3	0	2	1	2	1	0	0			16
Hypodermic Needle and Syringes Exempt	0	0	0	0	0	0	0	0	0	0			0
Nonresident Wholesalers	16	17	6	9	13	6	9	8	4	11			99
Nonresident Wholesalers - Temp	0	0	0	0	0	0	0	0	0	0			0
Wholesalers	5	25	3	6	6	7	4	5	4	5			70
Wholesalers Exempt	0	0	1	0	0	0	0	0	0	0			1
Wholesalers - Temp	0	0	0	0	0	0	0	0	0	0			0
Veterinary Food-Animal Drug Retailer	0	6	0	0	0	0	0	0	0	0			6
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0	0	0	0	0			0
Designated Representatives	31	23	33	29	48	28	42	24	28	28			314
Designated Representatives Vet	1	0	0	0	0	0	0	0	0	0			1
Centralized Hospital Packaging	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0			0
Total	1110	1600	1427	1479	1327	1000	740	901	1163	727	0	0	11474

Board of Pharmacy Licensing Statistics - Fiscal Year 2012/13

I. APPLICATIONS (continued)	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
C. Pending													
Pharmacist (exam applications)	0	479	533	510	504	459	404	423	415	532			0
Pharmacist (eligible)	685	1099	1012	758	713	673	662	710	640	709			0
Intern pharmacist	0	564	362	182	114	132	143	235	196	230			0
Pharmacy technician	0	2683	2382	2297	2237	1890	1506	1851	1739	2075			0
Pharmacy	0	150	144	138	138	116	114	257	140	154			0
Pharmacy - Exempt	0	1	0	0	0	0	1	3	1	1			0
Pharmacy - Temp	0	0	0	0	0	0	0	0	0	0			0
Sterile Compounding	0	26	28	23	30	30	26	30	29	22			0
Sterile Compounding - Exempt	0	1	1	1	1	0	0	0	0	0			0
Sterile Compounding - Temp	0	0	0	0	0	0	0	0	0	0			0
Nonresident Sterile Compounding	0	10	11	17	15	17	15	17	18	20			0
Clinics	0	14	13	15	15	23	32	36	30	36			0
Clinics - Exempt	0	7	8	9	8	8	4	13	10	9			0
Hospitals	0	5	5	7	6	4	3	3	10	9			0
Hospitals - Exempt	0	0	0	0	0	0	0	0	0	0			0
Hospitals - Temp	0	0	0	0	0	0	0	0	0	0			0
Drug Room	0	0	0	1	0	0	0	0	0	0			0
Drug Room - Exempt	0	0	0	0	0	0	0	0	0	0			0
Nonresident Pharmacy	0	62	69	71	69	62	70	84	87	94			0
Nonresident Pharmacy - Temp	0	0	0	0	0	0	0	0	0	0			0
Licensed Correctional Facility	0	0	0	0	0	0	0	0	0	0			0
Hypodermic Needle and Syringes	0	16	13	17	15	16	16	16	16	17			0
Hypodermic Needle and Syringes - Exempt	0	0	0	0	0	0	0	0	0	0			0
Nonresident Wholesalers	0	80	88	81	75	79	64	72	79	84			0
Nonresident Wholesalers - Temp	0	0	0	0	0	0	0	0	0	0			0
Wholesalers	0	60	65	65	60	61	49	75	74	78			0
Wholesalers - Exempt	0	2	1	1	1	1	3	3	3	3			0
Wholesalers - Temp	0	0	0	0	0	0	0	0	0	0			0
Veterinary Food-Animal Drug Retailer	0	2	2	2	2	2	2	2	2	2			0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0	0	0	0	0			0
Designated Representatives	0	141	141	114	112	119	68	107	137	162			0
Designated Representatives Vet	0	3	3	3	3	3	1	1	1	1			0
Centralized Hospital Packaging	n/a	n/a	n/a	n/a	n/a	n/a	2	0	0	0			2
Total	685	5405	4881	4312	4118	3695	3185	3938	3627	4238	0	0	0

Board of Pharmacy Licensing Statistics - Fiscal Year 2012/13

I. APPLICATIONS (continued)	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
D. Withdrawn													
Pharmacist (exam applications)	1	0	1	1	1	41	30	0	10	1			86
Pharmacist (eligible)	0	0	0	0	0	0	0	0	0	0			0
Intern pharmacist	0	1	0	0	17	0	1	1	0	1			21
Pharmacy technician	49	9	20	17	11	90	22	9	46	32			305
Pharmacy	0	0	0	3	2	0	1	0	0	0			6
Pharmacy - Exempt	0	0	0	0	0	0	0	0	0	0			0
Pharmacy - Temp	0	0	0	0	0	0	0	0	0	0			0
Sterile Compounding	0	0	0	0	0	0	0	0	0	0			0
Sterile Compounding - Exempt	0	0	0	0	0	0	0	0	0	0			0
Sterile Compounding - Temp	0	0	0	0	0	0	0	0	0	0			0
Nonresident Sterile Compounding	0	0	0	0	0	0	0	0	0	0			0
Clinics	0	0	0	0	0	0	0	0	0	0			0
Clinics - Exempt	0	0	0	0	0	0	0	0	0	0			0
Hospitals	0	0	0	0	0	0	0	0	0	0			0
Hospitals - Exempt	0	0	0	0	0	0	0	0	0	0			0
Hospitals - Temp	0	0	0	0	0	0	0	0	0	0			0
Drug Room	0	0	0	0	0	0	0	0	0	0			0
Drug Room - Exempt	0	0	0	0	0	0	0	0	0	0			0
Nonresident Pharmacy	0	0	0	0	0	0	0	0	0	0			0
Nonresident Pharmacy - Temp	0	0	0	0	0	0	0	0	0	0			0
Licensed Correctional Facility	0	0	0	0	0	0	0	0	0	0			0
Hypodermic Needle and Syringes	0	0	0	0	0	0	0	0	0	0			0
Hypodermic Needle and Syringes - Exempt	0	0	0	0	0	0	0	0	0	0			0
Nonresident Wholesalers	16	2	0	7	0	0	3	1	0	0			29
Nonresident Wholesalers - Temp	0	0	0	0	0	0	0	0	0	0			0
Wholesalers	8	0	1	0	0	0	3	0	0	0			12
Wholesalers - Exempt	0	0	0	0	0	0	0	0	0	0			0
Wholesalers - Temp	0	0	0	0	0	0	0	0	0	0			0
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	0	0	0	0	0			0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0	0	0	0	0			0
Designated Representatives	12	17	1	17	0	0	24	1	1	6			79
Designated Representatives Vet	0	0	0	0	0	0	2	0	0	0			2
Centralized Hospital Packaging	n/a	n/a	n/a	n/a	n/a	n/a	0	0	0	0			0
Total	86	29	23	45	31	131	86	12	57	40	0	0	540

Board of Pharmacy Licensing Statistics - Fiscal Year 2012/13

I. APPLICATIONS (continued)	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
E. Denied													
Pharmacist (exam applications)	3	1	0	0	1	0	0	0	1	0			6
Pharmacist (eligible)	0	0	0	0	0	0	0	0	0	1			1
Intern pharmacist	1	0	1	0	0	0	1	0	0	0			3
Pharmacy technician	21	7	5	5	8	1	14	0	15	8			84
Pharmacy	0	0	1	1	1	2	2	0	2	1			10
Pharmacy - Exempt	0	0	0	0	0	0	0	0	0	0			0
Pharmacy - Temp	0	0	0	0	0	0	0	0	0	0			0
Sterile Compounding	0	0	0	0	0	0	0	0	0	0			0
Sterile Compounding - Exempt	0	0	0	0	0	0	0	0	0	0			0
Sterile Compounding - Temp	0	0	0	0	0	0	0	0	0	0			0
Nonresident Sterile Compounding	0	0	0	0	0	0	0	0	0	0			0
Clinics	0	0	0	0	0	0	0	0	0	0			0
Clinics - Exempt	0	0	0	0	0	0	0	0	0	0			0
Hospitals	0	0	0	0	0	0	0	0	0	0			0
Hospitals - Exempt	0	0	0	0	0	0	0	0	0	0			0
Hospitals - Temp	0	0	0	0	0	0	0	0	0	0			0
Drug Room	0	0	0	0	0	0	0	0	0	0			0
Drug Room - Exempt	0	0	0	0	0	0	0	0	0	0			0
Nonresident Pharmacy	0	1	0	0	0	0	0	0	0	0			1
Nonresident Pharmacy - Temp	0	0	0	0	0	0	0	0	0	0			0
Licensed Correctional Facility	0	0	0	0	0	0	0	0	0	0			0
Hypodermic Needle and Syringes	0	0	0	0	0	0	0	0	0	0			0
Hypodermic Needle and Syringes - Exempt	0	0	0	0	0	0	0	0	0	0			0
Nonresident Wholesalers	0	0	0	0	1	0	1	0	0	0			2
Nonresident Wholesalers - Temp	0	0	0	0	0	0	0	0	0	0			0
Wholesalers	0	0	0	0	0	0	1	0	0	0			1
Wholesalers - Exempt	0	0	0	0	0	0	0	0	0	0			0
Wholesalers - Temp	0	0	0	0	0	0	0	0	0	0			0
Veterinary Food-Animal Drug Retailer	0	0	0	0	0	0	0	0	0	0			0
Veterinary Food-Animal Drug Retailer - Temp	0	0	0	0	0	0	0	0	0	0			0
Designated Representatives	0	0	0	0	0	0	0	0	0	0			0
Designated Representatives Vet	0	0	0	0	0	0	0	0	0	0			0
Centralized Hospital Packaging	0	0	0	0	0	0	0	0	0	0			0
Total	25	9	7	6	11	3	19	0	18	10	0	0	108

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II. RESPOND TO STATUS REQUESTS

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
A. E-mail status requests and inquiries													
Pharmacist/Intern	542	621	58	81	184	173	639	344	294	232			3168
Pharmacy Technicians	606	672	87	391	360	160	372	297	360	434			3739
Site Licenses (pharmacy, clinic)	275	712	566	393	464	400	500	353	482	365			4510
Site Licenses (wholesalers)	277	203	107	274	189	175	331	258	425	332			2571
Pharmacist-in-Charge	122	98	86	44	172	68	74	144	172	140			1120
Renewals	93	569	54	92	63	88	137	113	76	155			1440
B. Telephone status requests and inquiries													
Site Licenses (pharmacy, clinic)	132	348	185	181	236	229	208	205	209	151			2084
Site Licenses (wholesalers)	17	112	59	115	92	98	132	114	137	151			1027
Pharmacist-in-Charge	31	51	22	55	82	24	34	35	41	54			429
Renewals	334	502	387	438	441	393	480	856	691	725			5247

III. UPDATE LICENSING RECORDS

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
A. Change of Pharmacist-in-Charge***													
Received	98	158	120	151	97	140	108	92	87	164			1215
Processed	6	18	17	29	9	24	18	93	94	79			387
Pending	92	232	335	457	545	661	751	750	743	828			0
B. Change of Exemptee-in-Charge***													
Received	6	16	20	21	17	7	19	9	16	16			147
Processed	8	7	20	0	1	0	10	8	8	16			78
Pending	151	160	176	197	213	220	229	230	238	238			0
C. Change of Permits													
Received	57	86	82	68	52	90	59	66	39	72			671
Processed	6	124	113	17	7	98	5	26	15	58			469
Pending	269	231	200	251	296	288	342	382	406	420			0
D. Discontinuance of Business***													
Received	3	11	43	25	20	25	16	10	23	19			195
Processed	0	0	4	19	57	21	8	29	14	7			159
Pending	200	211	250	256	219	223	231	212	221	233			0
E Requests processed													
Address/Name Changes	801	1087	1057	1020	886	826	1106	764	1242	1047			9836
Off-site storage		31			30			31					92
Transfer of intern hours	8	14	7	1	4	0	4	5	1	0			44
License verification	113	125	80	122	114	138	160	98	143	101			1194

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IV. AVERAGE PROCESSING TIMES

A. Average days to process initial applications

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Pharmacist (exam application)	9	8	5	8	8	8	8	9	8	10		
Pharmacy Intern	8	13	10	4	4	6	12	12	9	11		
Pharmacy Technician	36	41	39	36	35	29	27	20	18	25		
Pharmacies	16	26	19	20	11	24	38	33	20	24		
Non-Resident Pharmacies	16	26	19	20	11	24	38	33	20	24		
Wholesaler	16	26	19	20	11	24	38	33	20	24		
Veterinary Drug Retailers	16	26	19	20	11	24	38	33	20	24		
Designated Representatives	16	26	19	20	11	24	38	33	20	24		
Out-of-State Distributors	16	26	19	20	11	24	38	33	20	24		
Clinics	16	26	19	20	11	24	38	33	20	24		
Hypodermic Needle & Syringe Distributors	16	26	19	20	11	24	38	33	20	24		
Sterile Compounding	16	26	19	20	11	24	38	33	20	24		
Change of Permit	26	38	20	36	34	32	23	30	32	34		
Change of Pharmacist-in-Charge	16	12	3	8	5	6	4	10	9	13		
Change of Designated Representative-in-Charge	14	12	2	10	4	4	5	9	11	12		
Discontinuance of Business	29	52	70	91	6	12	5	10	4	14		

B. Average days to process deficiency documents

Pharmacist (exam application)	3	3	3	3	3	2	4	4	3	3		
Pharmacy Intern	5	1	2	2	1	3	3	3	3	3		
Pharmacy Technician	3	3	3	2	2	2	2	2	2	2		
Pharmacies	12	12	12	8	8	8	5	8	7	6		
Non-Resident Pharmacies	12	12	12	8	8	8	5	8	7	6		
Wholesaler	12	12	12	8	8	8	5	8	7	6		
Veterinary Drug Retailers	12	12	12	8	8	8	5	8	7	6		
Designated Representatives	12	12	12	8	8	8	5	8	7	6		
Out-of-State Distributors	12	12	12	8	8	8	5	8	7	6		
Clinics	12	12	12	8	8	8	5	8	7	6		
Hypodermic Needle & Syringe Distributors	12	12	12	8	8	8	5	8	7	6		
Sterile Compounding	12	12	12	8	8	8	5	8	7	6		

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IV. AVERAGE PROCESSING TIMES (cont.)

C. Average days to issue a license after all deficiencies are corrected

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Pharmacist (initial licensing)	2	2	3	3	2	4	2	3	3	3		
Pharmacy Intern	4	2	2	3	2	3	3	5	3	3		
Pharmacy Technician	3	3	3	4	3	4	3	3	3	3		
Pharmacies	7	7	18	7	9	8	14	14	3	12		
Non-Resident Pharmacies	7	7	18	7	9	8	14	14	3	12		
Wholesaler	7	7	18	7	9	8	14	14	3	12		
Veterinary Drug Retailers	7	7	18	7	9	8	14	14	3	12		
Designated Representatives	7	7	18	7	9	8	14	14	3	12		
Out-of-State Distributors	7	7	18	7	9	8	14	14	3	12		
Clinics	7	7	18	7	9	8	14	14	3	12		
Hypodermic Needle & Syringe Distributors	7	7	18	7	9	8	14	14	3	12		
Sterile Compounding	7	7	18	7	9	8	14	14	3	12		

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V. Revenue Received	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	FYTD
A. Revenue Received													
Applications	170,967	312,867	172,234	204,801	167,881	139,821	134,821	252,261	208				$1,555,861
Renewals	92,011	773,141	1,385,140	969,588	510,893	723,084	972,132	841,886	693,233				$6,961,108
Cite and Fine	129,771	557,650	101,841	97,909	278,779	44,110	205,486	122,836	187,087				$1,725,469
Probation/Cost Recovery	51,160	13,602	69,036	181,162	26,879	18,011	53,248	101,998	12,989				$528,085
Request for Information/Lic. Verification	1,675	2,800	1,100	1,825	1,870	1,555	2,750	1,725	2,500				$17,800
Fingerprint Fee	6,370	8,998	7,546	8,379	6,401	5,537	5,878	7,989	10,537				$67,635
B. Renewals Received													
Pharmacist	1449	1603	1420	1571	1221	1410	1477	1243	1649	1503			14546
Pharmacy technician	2261	2484	2333	2639	2146	2203	632	1985	2944	2465			22092
Pharmacy	198	221	270	885	177	344	524	1077	207	826			4729
Pharmacy - Exempt	0	1	82	29	0	0	1	0	1	0			114
Sterile Compounding	12	20	11	62	19	18	14	11	13	9			189
Sterile Compounding - Exempt	0	0	0	6	0	0	0	0	0	0			6
Nonresident Sterile Compounding	1	8	13	0	3	4	1	4	5	2			41
Clinics	73	93	55	92	61	57	79	65	99	70			744
Clinics - Exempt	0	2	80	75	3	4	0	0	1	1			166
Hospitals	18	29	25	81	23	30	45	23	33	21			328
Hospitals - Exempt	0	2	66	20	6	0	1	0	0	1			96
Drug Room	0	0	0	0	2	1	2	3	4	5			17
Drug Room - Exempt	0	0	0	5	0	0	0	0	0	0			5
Nonresident Pharmacy	30	26	31	29	23	22	21	24	33	23			262
Licensed Correctional Facility	0	0	37	8	3	0	0	0	1	1			50
Hypodermic Needle and Syringes	20	18	20	25	19	28	18	14	27	15			204
Hypodermic Needle and Syringes - Exempt	0	0	0	0	0	0	0	0	0	0			0
Nonresident Wholesalers	60	55	52	52	43	36	45	36	46	47			472
Wholesalers	33	53	36	41	25	25	36	35	37	33			354
Wholesalers - Exempt	0	0	6	1	0	2	0	0	0	0			9
Veterinary Food-Animal Drug Retailer	2	0	3	0	1	1	3	0	3	0			13
Designated Representatives	212	262	230	198	169	195	217	204	275	219			2181
Designated Representatives Vet	3	9	7	5	1	2	4	2	5	5			43
Total	4372	4886	4777	5824	3945	4382	3120	4726	5383	5246	0	0	46661

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VI. Current Licensees	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
Pharmacist	41370	41932	42190	42279	42356	42400	42401	42411	42490	42550		
Intern	5665	5214	5506	5631	5708	5680	5713	5777	5823	5910		
Pharmacy technician	72565	72551	72886	73052	73260	73516	73581	73717	73928	73881		
Pharmacy	6176	6195	6231	6212	6215	6232	6238	6237	6252	6263		
Pharmacy - Exempt	120	121	123	123	123	123	122	121	123	122		
Sterile Compounding	254	255	260	255	252	248	249	245	248	243		
Sterile Compounding - Exempt	26	26	26	24	24	25	25	25	25	24		
Nonresident Sterile Compounding	93	93	93	88	90	91	92	92	93	95		
Clinics	1092	1098	1098	1094	1099	1102	1102	1113	1128	1131		
Clinics - Exempt	221	222	222	221	222	219	220	222	224	224		
Hospitals	401	402	403	403	401	402	402	401	402	402		
Hospitals - Exempt	90	90	89	89	88	88	88	88	88	88		
Drug Room	26	26	27	26	27	26	26	26	26	26		
Drug Room - Exempt	17	17	17	17	17	17	17	17	17	17		
Nonresident Pharmacy	463	467	468	464	466	473	481	478	482	483		
Licensed Correctional Facility	51	51	51	51	51	51	51	51	51	51		
Hypodermic Needle and Syringes	344	347	350	350	352	352	354	355	354	348		
Hypodermic Needle and Syringes - Exempt	1	1	1	1	1	1	1	1	1	1		
Nonresident Wholesalers	761	778	781	782	792	794	813	808	807	804		
Wholesalers	595	610	604	606	607	610	615	617	613	614		
Wholesalers - Exempt	11	11	12	12	12	12	12	12	12	12		
Veterinary Food-Animal Drug Retailer	27	27	27	27	27	25	27	27	27	27		
Designated Representatives	4506	4503	4549	4583	4608	4635	4673	4695	4732	4751		
Designated Representatives Vet	93	95	95	95	95	95	95	95	95	95		
Total	134968	135132	136109	136485	136893	137217	137398	137631	138041	138162	0	0